

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Adelina</i>		County <i>Adams</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>June</i>	Day <i>10</i>	Age <i>2</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Adelina Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>55 " "</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Saml. Boone</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Annice Rhoades</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Emma Rhoades</i>			How related to deceased <i>Grd. mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sarofuku</i>	How long <i>Since birth</i>
Immediate <i>"</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Howie attendance</i>
<i>J</i>	Address <i>—</i>
Accident or Suicide? <i>—</i>	<i>—</i>



James W. Carter  
 Died at <sup>Town</sup> Ant-Harmony <sup>County</sup> Calvert MARYLAND  
 Date 1903 June 25 Age 26  
 Male ☒ White ☐ Married ☐ Widowed ☐ Native of Md Occupation Laborer  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of  
 Wife  
 Father's Name Arthur Carter Mother's Maiden Name Precilla Ray  
 Cause of Death { Primary Typhoid Fever How long sick 16 days  
 Immediate Intestinal Hemorrhage Accident, Suicide, Homicide

Reported by J. L. Brayshaw M.D.  
 Address Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full **Alfred Hale Chaney**  
 Town **Dunkirk** County **Calvert**  
 Died at **1903** Month **June** Day **16** Y. **0** M. **1** D. **4** Native of **Ind** Occupation **—**  
 Date **1903** Male **White** ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living **—**

Husband of  
Wife

Father's Name **Samuel Chaney** Mother's Name **Medora Chaney**  
 Cause of Death { Primary **Cholera Infantum** How long sick **4 days**  
 Immediate **Asphyxia** ~~Accident, Suicide, Homicide~~

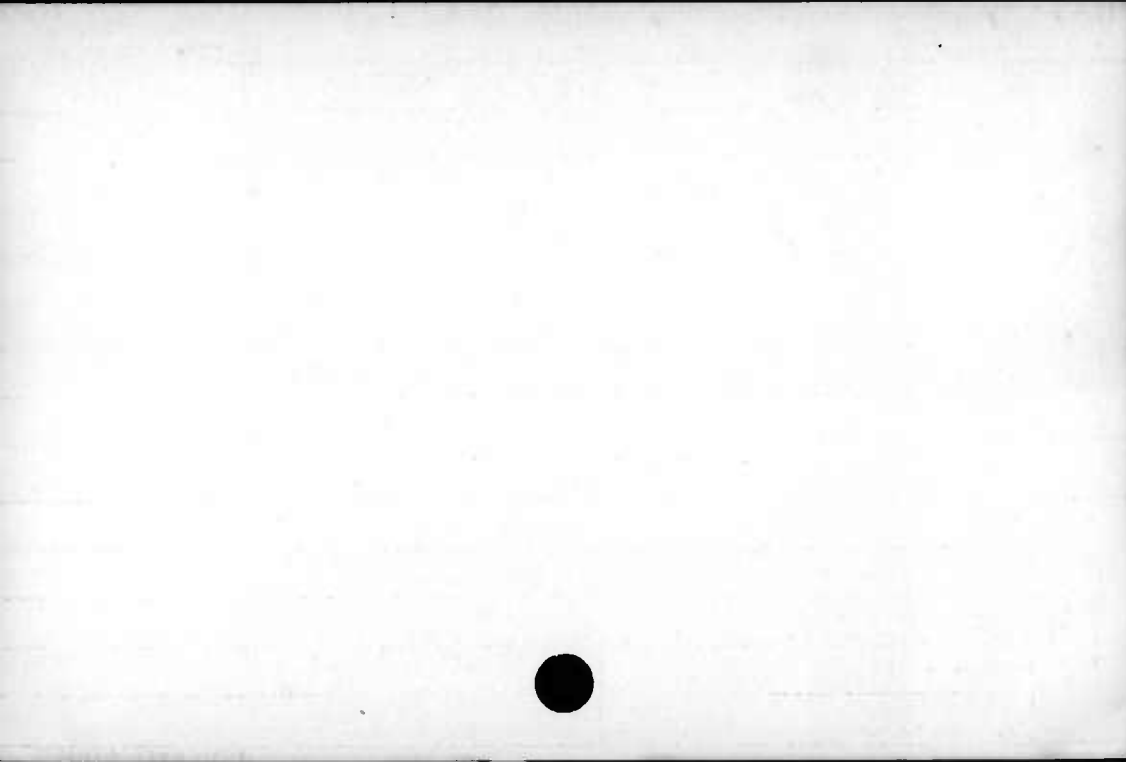
Reported by **A. N. Terrie M.D.**  
 Address **McKendree, Md.** **105**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969



Name in Full		Samuel Curtis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Addinia		County		Calvert	
	Date of death		1903	Month	June	Day	18	
	Age		67		Years			
	Sex		male		Color or Race		Black	
	Married, Single or Widowed		Married		Occupation		Laborer	
	Name of Wife or Husband		Aunie Young					
	Father's Name		Samuel Curtis			Father's Birthplace		Acworth
	Mother's Maiden Name		Sarah Curtis			Mother's Birthplace		"
Name of person giving information		John Curtis			How related to deceased		Son	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Mitral Regurgitation			How long		1 Yr
	Immediate		Dropsy			How long		6 mo
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician		L. N. King M.D.
	Address		[Redacted]					
	Accident or Suicide?		[Redacted]					





Name  
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## CERTIFICATE OF DEATH

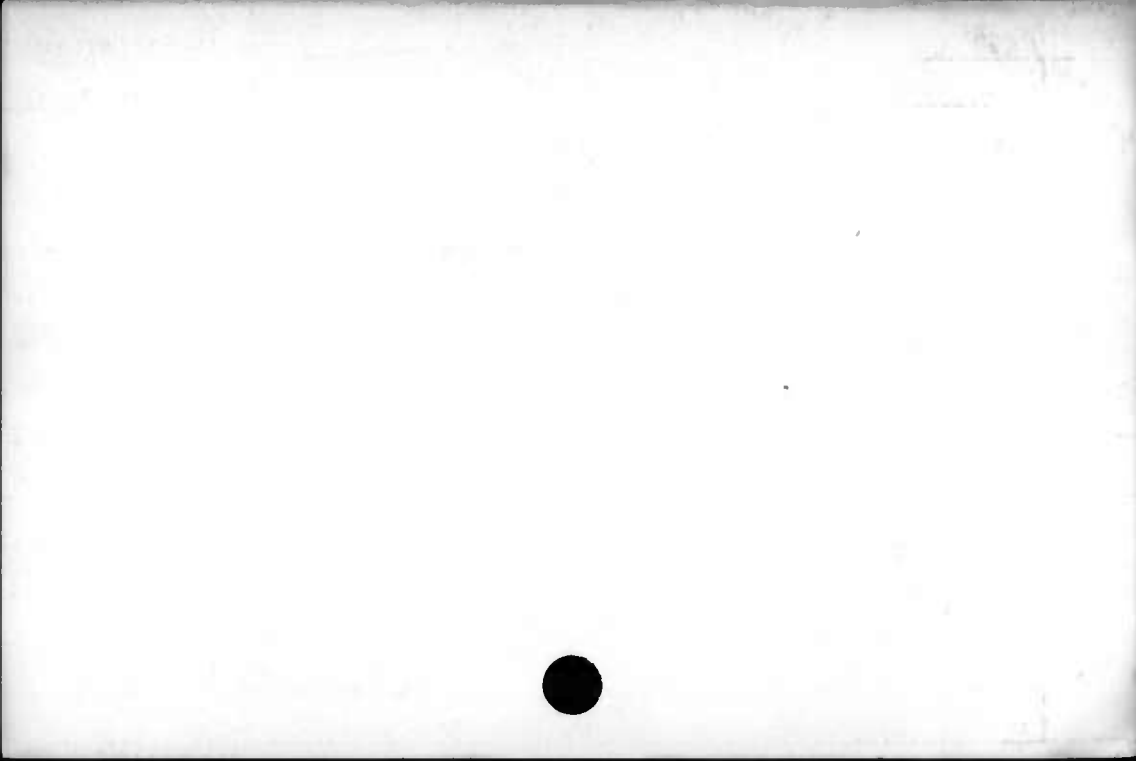
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bethesda</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>June</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>Calvert Co</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>Calvert Co</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband		
Father's Name <i>Benjamin Gross</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Edna Gross</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Benjamin Gross</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth.</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
<i>J</i>	Address <i>151</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 1903

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

MARYLAND

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Martha Gross

6

Town

County

Died at *Walden Colvert*

MARYLAND

Date 19 *03* Month *6* Day *2* Age *33* Y. M. D. Native of *Colvert* Occupation *House Keeping*

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐ Number of children living *7*

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of *George Gross*

Wife

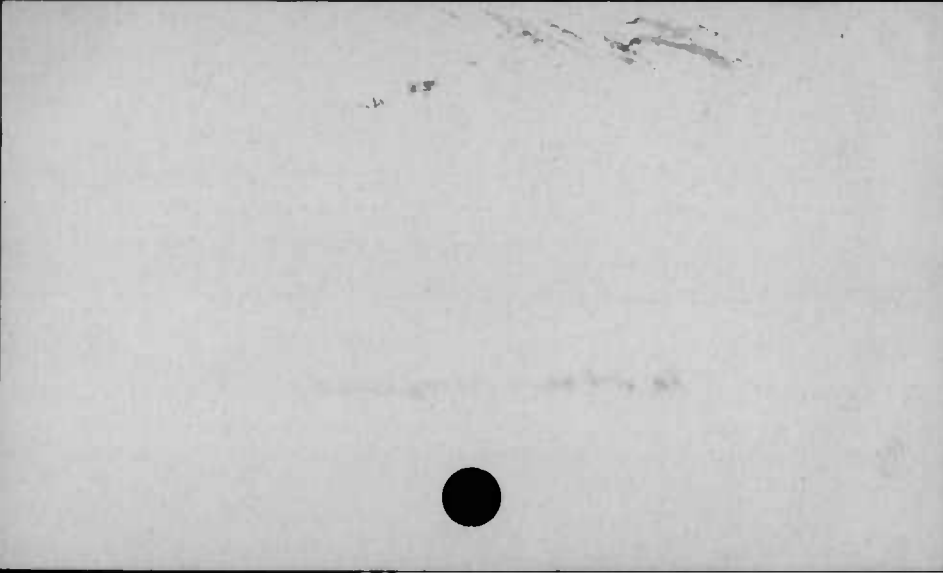
Father's Name *John Gross* Mother's Maiden Name *Plima Parker*

Cause of Death { Primary *Cerebral Cerebral* Immediate *~~Cerebral Cerebral~~* How long sick *4 weeks* Accident, Suicide, Homicide

Reported by *John / Parker*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
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Full

Rebecca Sedrick Hance

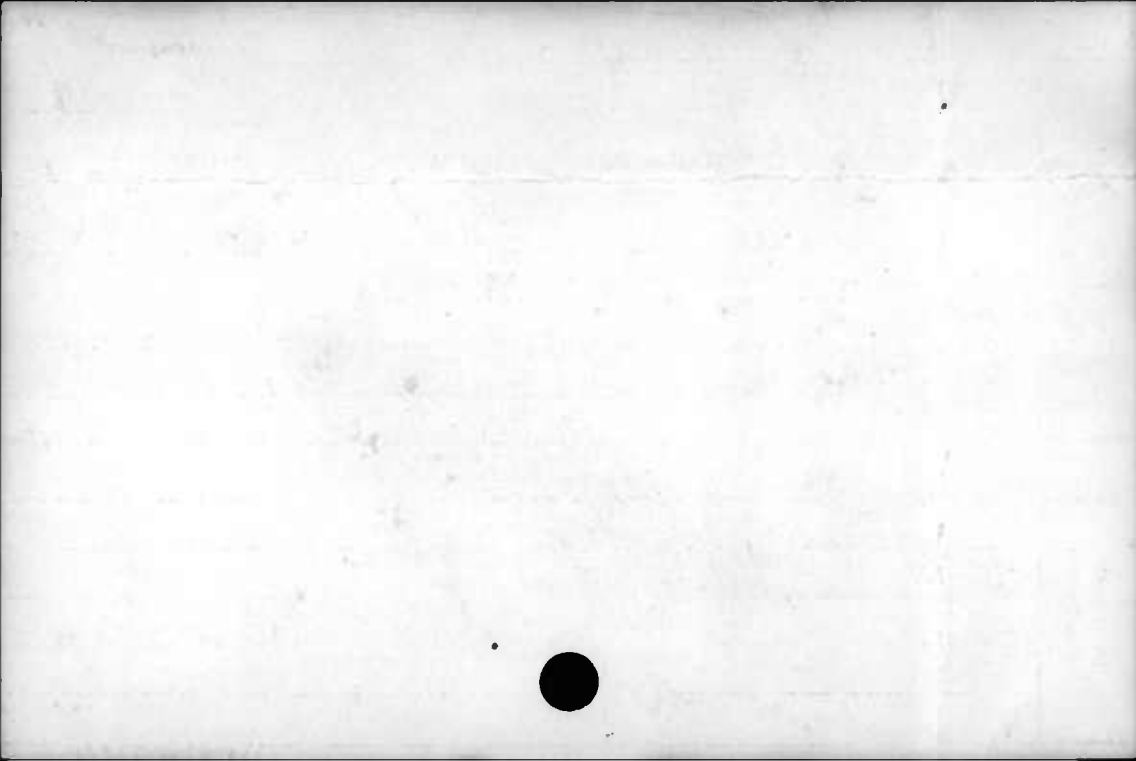
181  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Chum point</b>		<b>Calvert</b> County		MARYLAND	
Date of death 190 <b>3</b>	Month <b>June</b>	Day <b>16</b>	Age <b>—</b> Years	Months <b>5 months</b>	Days
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>Calvert Co.</b>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <b>Richard Hance</b>			Father's Birthplace <b>Calvert Co., Md.</b>		
Mother's Maiden Name <b>Lilly Lomax Luville</b>			Mother's Birthplace <b>Calvert Co., Md.</b>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Cholera Infantum</b>		How long	<b>4 days</b>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<b>Yes</b>	Signature of Physician <b>S. H. King M.D.</b>	
			Address <b>Basethon Md.</b>	
Accident or Suicide?				





Name  
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Mary E Hesse

CERTIFICATE OF DEATH

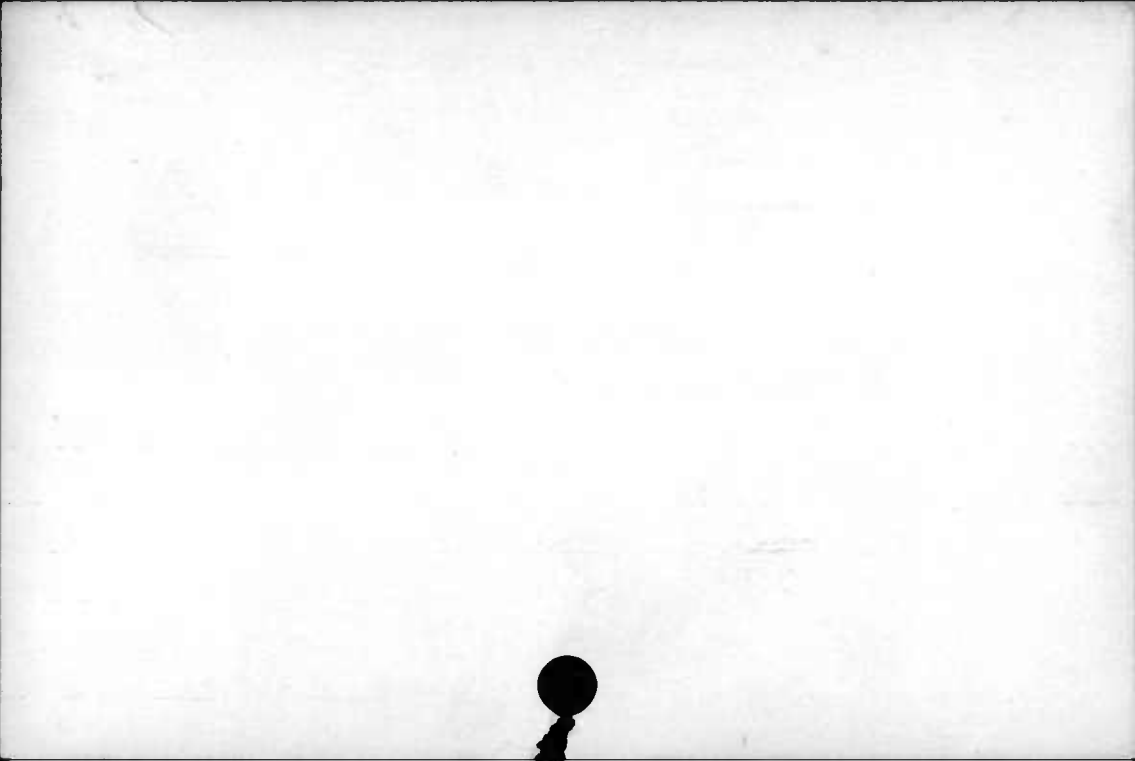
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Month	21	Day	20	Years
Sex		Female		Color or Race		white	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife or Husband		John A. Hesse					
Father's Name		Wm. Jas. Wilson				Father's Birthplace	
Mother's Maiden Name		Agnes Hardisty				Mother's Birthplace	
Name of person giving information		Agnes Wilson				How related to deceased	
						Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Tuberculosis		How long		about 3 mos	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo. T. Chambers	
Filed 1903				Address		6000 Ph, Md	
Accident or Suicide?							



Name  
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Nathaniel High

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cherryville</i>		County <i>Calvert</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>27</i>	Age	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Nashley High</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Sarah E. Chase</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Father</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastric Enteritis 105</i>	How long <i>6 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Leitch</i>
<i>J</i>	Address <i>Hamleting town, md</i>
Accident or Suicide?	



Name  
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## CERTIFICATE OF DEATH

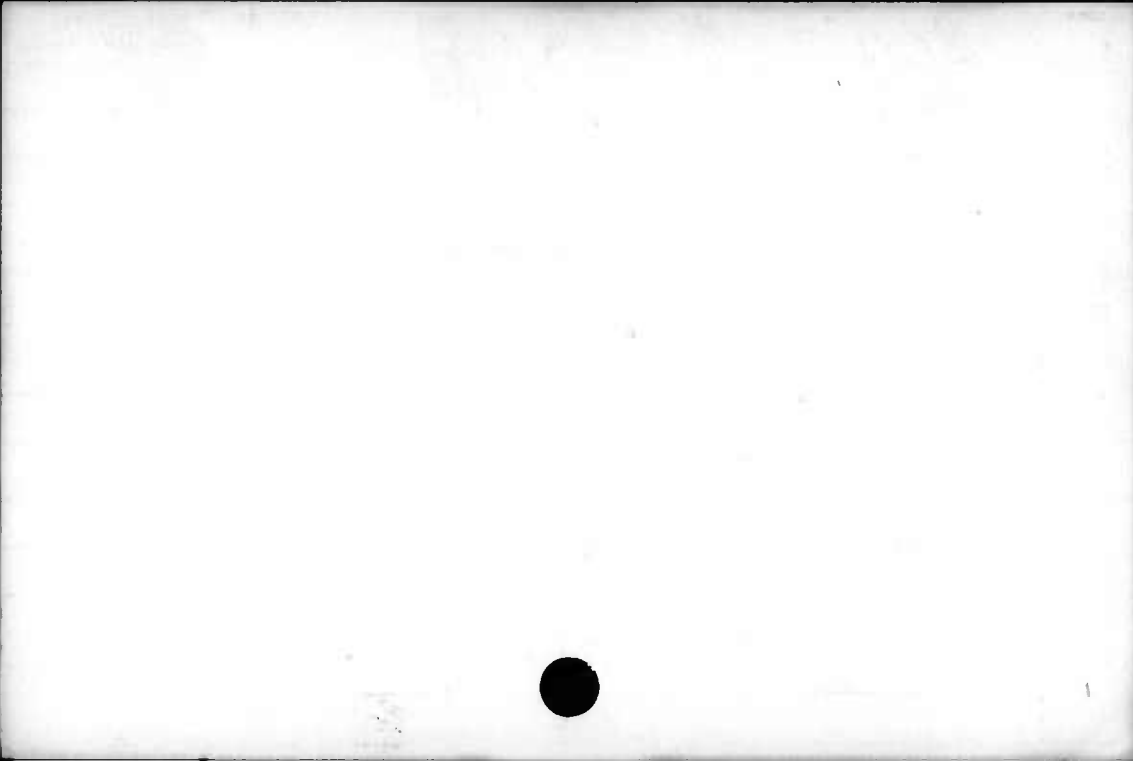
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Hooper</i>		Town <i>Adelphia</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Adelphia</i>		Month <i>June</i>		Day <i>21</i>		Age <i>3</i>	
Date of death <i>1903</i>		Years <i>3</i>		Months <i>3</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Mulatto</i>		Birth-place <i>Calvert Co</i>			
Occupation <i></i>				Where Residing if not at place of death <i>" " "</i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Wiley Hooper</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Laura Gross</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Emma Rhodes</i>				How related to deceased <i>Grd. Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
<i>179</i>		How long	
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>J</i>		Address <i></i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sunderland</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>9</i>	Years	Months <i>7</i>	Days <i>13</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cal. Co.</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Aghabus Slyer</i>			Father's Birthplace <i>Cal. Co</i>		
Mother's Maiden Name <i>Fanny Hordley</i>			Mother's Birthplace " "		
Name of person giving Information <i>Hatter</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastro-Enteritis</i>	How long	<i>1 week</i>
Immediate	<i>105</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Leitch</i>	
		Address <i>Huntingtown Md</i>	
Accident or Suicide?			





Name in Full		Ella Gertrude Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <sup>near</sup> Chaney Station		Town		County		MARYLAND
	Date of death 1903		Month June		Day 8		
	Sex Female		Color or Race White		Age 32		Months 9
	Married, Single or Widowed Married		Occupation Housewife		Birth-place A. A. Co. Md.		Days
	Name of Wife or Husband Frank Ward						
	Father's Name J. Richard Wilkerson				Father's Birthplace A. A. Co. Md.		
	Mother's Maiden Name Mary Howard				Mother's Birthplace A. A. Co. Md.		
Name of person giving information J. Richard Wilkerson				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Pulmonary tuberculosis				How long 1 Year		
	Immediate Asthenia				How long 27		
	Are the name, age, sex, color, date and place correctly given above? Yes.				Signature of Physician A. H. Perrie		
	J				Address McShendree, Md.		
	Accident or Suicide?						

